

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013444

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**
FILED MAR 21 1963

Primary Registration District No. **1003**

Registrar's No. **3020**

STATE FILE NUMBER

VS 300 Rev. 4/59	DATE AMENDED	
1		
2		212
3		
4		3
5		2
6		
7		1
8		2
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11		
12		90-0
13		
90		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4583 Kensington		d. STREET ADDRESS (If outside, give location) 4583 Kensington Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle Lou Last Jones		4. DATE OF DEATH Month March Day 11 , Year 1963	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/3/1880 9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Alabama 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ervin Elliot		13b. MOTHER'S MAIDEN NAME Paraless 14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Fannie Mae Brown Address 4583 Kensington	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDITIS. DUE TO (b) GENERAL TOXEMIA. DUE TO (c) MALNUTRITION. 28/6/5		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditioning given in PART I (a) SENILITY - PLEURISY - MENTAL DEFICIENCY		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour — a.m. — p.m. — Month, Day, Year —		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —	
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE —		21. I attended the deceased from 3-7-63 to 3-10-63 and last saw her alive on 3-10-63 . Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert E. Long M.D. (Degree or title)		22b. ADDRESS 4619 M. Millan 22c. DATE SIGNED 3-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/18/63	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR E. B. Boone ADDRESS 1221 North Grand		25. DATE RECD. BY LOCAL REG. MAR 14 1963 26. REGISTRAR'S SIGNATURE Joan Smith. M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W. Edwin Blackman

Licensed Embalmer No.

3962

P. O. Address

1221 N. Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.